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TO: CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES (CARES) COMMISSION

FROM: DAVID MAY, OHIO REGIONAL GROUP
BLINDED VETERANS ASSOCIATION

DATE: AUGUST 7, 2003

SUBJECT: VA CARES VISN 10
CLEVELAND and COLUMBUS MEDICAL CENTERS

As a stakeholder in VISN 10, thank you for the opportunity to express my views concerning services for blind veterans.

The Blinded Veterans Association (BVA) is the only Congressionally chartered Veterans Service Organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families. BVA was organized in 1945 and became Congressionally chartered in 1958. Our Congressional Charter designates BVA as the organizational advocate for all blinded veterans before the executive and legislative branches of government. BVA was instrumental in the establishment and growth of the Department of Veterans Affairs (VA) Blind Rehabilitation Service (BRS). Our organization closely monitors the effectiveness of the BRS program and VA's capacity to provide comprehensive services.

VISN 10

We are very fortunate that Mr. Montague, Director of the Cleveland VA Medical Center, has proposed a new Blind Rehabilitation Center (BRC) for VISN 10 at the Cleveland VA Medical Center in the VISN 10 CARES Plan. Our blind veterans in VISN 10 are waiting up to a year and more to be admitted to a BRC. *This is truly shameful and unacceptable.* The first time I went to blind rehab, the waiting time was only 4-6 months.

Mr. Montague has been upfront with the veterans' service organizations' service officers regarding the proposal for consolidation of the Brecksville and Wade Park Divisions with the Cleveland VA Medical Center. The VISN 10 CARES plan will save funds that can be used to provide better service for veterans in the future.

While we enthusiastically support the creation of the BRC, we would also hope the VISN would further examine the CARES Blind Rehabilitation Program recommendations. One of these recommendations is the addition of a Blind Rehabilitation Outpatient Specialist

(BROS) to every Visual Impairment Service Team (VIST) when a facility employs a full time VIST Coordinator.

In January 1997, the VISN 10 Rehabilitation Care Council formed a Blind Rehabilitation Work Group Committee to improve services for blind veterans. Committee members included VIST Coordinators, BROS, and four blind veterans, from across VISN 10, as stakeholder representatives. The Executive Leadership Council of VISN 10 approved the recommendation of the Blind Rehabilitation Work Group to relocate a full-time VIST coordinator from Dayton to Columbus. This action was to establish and improve services for our blind veterans living in central and southern Ohio. A BROS position was established at the Cleveland VA Medical Center in 1996. Our Blind Rehabilitation Work Group Committee, on two occasions, made recommendations to the leadership of VISN 10, to provide equal services in all part of the VISN. Providing equal services would mean establishing a BROS position to address the needs of our blind veterans living in central and southern Ohio.

VA's VISN 10 Visual Impairment Service Team (VIST) coordinators, BROS, and BVA Ohio Regional Group's officers, through the Blind Rehabilitation Work Group Committee, have accomplished many goals. Services for blind veterans have improved in VISN 10, *with the exception of blind veterans living in central and southern Ohio, who still lack a BROS.*

Utilizing visual aids and learning new coping skills can assist in overcoming blindness. However, when our older blinded veterans with multiple of health problems are waiting to be admitted to a BRC, providing outpatient services locally is the appropriate thing to do. The delivery of outpatient rehabilitation services can prove to be cost efficient for veterans who have rehabilitation needs but are unable to attend the residential program. Many of those individuals may be at risk and should not be denied essential rehabilitative services.

Proposing a new world class BRC in Cleveland is truly the gem of his proposal. I have great confidence in Mr. Montague's leadership abilities to provide improved services for all veterans including blind veterans using the Cleveland VA Medical Center.

In closing, on behalf of our VISN 10 blind veterans and as a stakeholder, **I strongly support the CARES plan to merge Brecksville Division with the Wade Park Division and establishing a new BRC in VISN 10.** The money saved by not maintaining an older Brecksville Division will allow the CARES plan to pay for itself. This is a plan that will provide improved services to veterans with special needs, as well as future veterans. I urge the CARES Commission to stand behind Mr. Montague's hopeful vision.

Vietnam Veterans of America
Buckeye State Council
35 E. Chestnut Street, Suite 416
Columbus, Ohio 43215

(614) 228-0188
Fax (614) 228-2711

STATEMENT FOR THE RECORD
Of
Vietnam Veterans of America
Buckeye State Council

Submitted by

Joseph A. Jennings, III
Executive Director

Before the

CARES Commission

Regarding

Draft National CARES Plans
For
Columbus, OH - VISN 10

At

Franklin County Veterans Memorial
August 19, 2003

Good morning, my name is Joseph A. Jennings, III presently I am Executive Director for Vietnam Veterans of America (VVA) Buckeye State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the Franklin County Veterans Memorial, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 10 in Columbus, Ohio for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of "excess" properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has many buildings at various facilities that are expendable.

Vietnam Veterans of America (VVA) Buckeye State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you for VISN 10, in particular the Department of Veterans Affairs published in the Per-Hearing Literature on **VISN-10 (i.e. *Veteran Population in Ohio 1,109,826) while in May of this year the*** U.S. Census Bureau 2000 Veterans Population in Ohio is **1,144,007, this is a** difference of **34,181** veterans.

We are pleased to see that the Draft National CARES Plans, is about to address the fact that a county in Ohio (Franklin) with the state's second highest veterans population (94,827) 30,126 just happen to be Vietnam Era Veterans and has no major VA Facility within fifty (50) miles. But conversely, why is the VA closing one of it's facilities in an Ohio county (Cuyahoga) that has the state's highest concentration of

veterans 131,078 of which (34,932) happen to be Vietnam Era Veterans?

In order for VISN 10 to treat all veterans we must have adequate services to treat our Women Veterans, Veterans Incarcerated and have adequate PTSD and Substance Abuse Counseling, which all were omitted from the Draft National CARES Plan.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromised services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to address the commission on behalf of Vietnam Veterans of America (VVA) Buckeye State Council. I will be more than happy to answer any question that the commission may have.

CARES presentation by Dave Barker, AMVETS Accredited Representative Chillicothe VAMC

CARES is the answer to many problems facing America's veterans. In these days of conflicting opinions regarding the Department of Veterans Affairs budgets we need to address the real issue. Service to our veterans.
In this particular case we are here to discuss VA Healthcare service to our veterans. We have nearly 200,000 people about to come into the VA Healthcare system. A system in whom many are critiquing as not responding to needs.

Some organizations have concerns that the process will be used to deal with budget driven concerns rather than responding to veterans needs. There is also the concern that it will focus on getting rid of things rather shaping the system to provide for maximum services.

The VA programs are not to be reduced, only restructured, to take better care of more veterans in programs that fits the veteran community. The VA budget does not provide for the current healthcare demands under current budget. Our VA facilities are using up funds far before the fiscal year ends. The VA has eliminated applications being accepted for Priority Group 8 veterans. I am Priority Group 8. This is the third time I have been eliminated for eligibility.

Let us review VA's health care system. A system that was designed and built many decades ago when inpatient care was the primary focus. During the early periods long admissions for diagnosis and treatment were required. With new methods of medical treatment the VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible. This society being mobile created changes in geographic concentrations of veterans.

Once the CARES process is completed, VA will be able to provide accessible care to more veterans in the most convenient and appropriate setting. Any reduction in expenditures that result from CARES is to be reinvested to provide higher quality care and more services to more veterans. Outpatient and inpatient care will be expanded, as well as long-term care and special disability programs. Long term care is a major problem that is going to increase with the aging veterans population VA endeavors to keep pace with technology and advances in the medical field not just to provide adequate care but also to provide the finest care in the world. Measurable, consistent evaluation will enable VA to make the best decisions possible for future veterans' health care, in the most efficient and cost-effective manner. The needs of special disability groups will be addressed and remain a priority. Once CARES is completed, veteran satisfaction is expected to increase as a result of better access, more efficient programs and superior support services.

The veterans population is changing in terms of its location, age, and needs. The VA health care system has to change to meet these needs. The VA must make the most cost-effective use of the money it has to deliver the health care that veterans need.

The VA is spending too much money operating and maintaining unnecessary and unneeded buildings and other capital assets, such as equipment. In fact, according to the report, VA was spending one of every four dollars on capital assets, and a change to a market-based system could save money that could then be redirected to providing health care services to more veterans in more locations. This report was

From the General Accounting Office.
VA health care has undergone reorganization for several years, from a hospital system to a primarily outpatient focused system. With a budget that increased only minimally compared to health care inflation, VA provided care to an additional 700,000 veterans across the United States from 1995-2000. The VA cannot provide care for its current patient load without going over budget. What will happen if a correction is not made now? Disaster!

However, new technology, improved treatments and extensive academic affiliations, combined with more veterans seeking VA health care, have compelled VA to restructure its assets and buildings. Designed and built decades ago under a different concept of medical care, VA's assets today do not always support optimal access to veterans for the least cost. A new focus -- "health care is local" -- means putting more resources into community-based facilities closer to where veterans live. I spend one day each week in the Portsmouth VA CBOC. A model of efficiency. Taking VA healthcare to the veteran. It works and works very well. Veterans however cannot always be treated in a clinic. We must continue improving our Medical Centers and strengthen them by focusing on healthcare not brick buildings. **Columbus needs desperately to have expanded services for Central Market veterans.**
Currently veterans must travel to Dayton or Cincinnati for specialized service. Several years ago one of my clients a friend who was dying of cancer. Was compelled to ride a van from Columbus to Cincinnati to have his cancer treatments and ride the return trip very ill.
Availability of these service should be made in the Central Market for specialized services. Columbus deserves quality local care as much as any other metropolitan area. Why should my friends in Columbus accept less? They shouldn't, Columbus needs a VA hospital!

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VETERANS OF FOREIGN WARS OF THE U.S.
SERVICE OFFICE CINCINNATI, OHIO
3200 Vine Street Room B162H
Cincinnati, Ohio 45220
Tel. 513-475-6439

August 8, 2003

Richard Larson
Executive Director
CARES Commission
Department of Veterans Affairs

Sir:

Our Department of Ohio, Veterans Of Foreign Wars Representative will appear at the August 19, 2003 CARES Commission public hearing.

The following are planned "oral" input statement outline subjects that will be presented.

Subject:
Columbus Ohio VA Medical Center

Mental Health Care

Homeless Veterans

Our Service Organization appreciate the opportunity to appear before the Commission at the planned public hearing, and look forward to being at the hearing accordingly.

James Eddins Jr.
James Eddins Jr.
Asst Dept Service Officer